



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

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Date: May 5, 2016

To: RFI Respondents

From: Department of Administration (DOA)
Division of Facilities Management (DFM)

Re: Request for Information (RFI) for leasing approximately 50,000 square feet of Class A office space within one block of the Wisconsin State Capitol Building in Madison, WI.

The State of Wisconsin's Department of Administration, Division of Facilities Management is seeking leasing information on approximately 50,000 square feet of existing Class A office space located within one block of the Wisconsin State Capitol Building. This space would be occupied by the Wisconsin Supreme Court - Director of State Courts Office.

General space requirements include: 81 private offices, open space for 99 workstations, counter/waiting area, conference rooms, storage rooms, breakrooms/kitchenettes, IT server room, copy/supply room, and mail delivery. The premises would be provided in turnkey condition including Premises build-out, furniture, moving, and cabling.

Full-service Gross Lease terms are to be provided on the attached RFI Respondent's Response Sheet. If any tenant improvement costs are to be amortized, Respondents are asked to provide the annual cost per rentable square foot based upon increments of costs (e.g., \$.24/SF for every \$100,000 of costs to be amortized), as shown on the Respondent Sheet (Section II (c)). Respondents should also indicate any Lessor incentives to be provided toward the cost of the tenant improvements (Section II (d)).

All responses should contain information on building common area amenities, ADA accessibility, parking and existing building utilities services (including a list of telecommunications and fiber carriers). Approximately seventy-five adjacent parking stalls must be available. Both single-tenant and multi-tenant buildings are acceptable. All office space must be above ground with windows, with the exception of the IT Room and storage rooms.

All RFI Responses must contain the following: a) site plan showing site access, parking, building access and configuration of building, b) floor plan(s), c) building photos, d) area map indicating building location, and e) a fully completed RFI Respondent's Response Sheet. Incomplete responses will not be evaluated.

The leased premises must be completed and available for occupancy no later than September 1, 2017.

This RFI is not a bid solicitation. This is a Request for Information (RFI) and not a Request for Proposal (RFP). In the event the State of Wisconsin issues an RFP, detailed space requirements will be provided at that time, enabling proposers to provide accurate cost estimates of tenant improvement costs. All other lease terms provided should be complete and accurate.

If interested in providing information on a site, please respond to this RFI to the Department of Administration, 101 E. Wilson Street, 7th floor, PO Box 7866, Madison, WI 53707-7866 no later than 3:00PM on Tuesday, May 24, 2016. Questions may be submitted to doarealestateinfo@wisconsin.gov.

Request for Information (RFI)
Wisconsin Supreme Court - Director of State Courts Office
RFI Respondent's Response Sheet – May 5, 2016

Proposed Building Address _____

Proposal Date _____

RENTAL RATE PROPOSAL:

I. SQUARE FOOTAGE: As defined Section III C. 1, Quality and Flexibility of Buildings Design of the RFP

- a) Total useable square feet (does not include common area) _____
- b) Load Factor (if any) _____
- c) Total rentable square feet (includes common area) _____

II. GROSS RENTAL RATE CALCULATION: All amounts must be listed as annual rent per rentable square foot

- a) Net Building Rate (NNN rental rate) \$_____/sq. ft.
 - b) Operating Expenses (sum of 1-6 below) \$_____/sq. ft.
 - 1) Real Estate Taxes \$_____/sq. ft.
 - 2) Insurance \$_____/sq. ft.
 - 3) In-Suite Janitorial \$_____/sq. ft.
 - 4) Common Area Maintenance (CAM) \$_____/sq. ft.
 - 5) Premises' Utilities Costs (heat, air-conditioning, electrical, etc.) \$_____/sq. ft.
 - 6) All Other Operating Expenses (e.g., repairs & maintenance, etc.) \$_____/sq. ft.
 - c) Total Tenant Improvements Costs (sum of 1-3 below) \$_____/sq. ft.

Provide annual rent per rentable sq. ft. per incremental amount listed below

 - 1) Total Premises Build out Costs for every increment of \$ _100,000_ \$_____/sq. ft.
 - 2) Moving Costs for every increment of \$ _50,000_ \$_____/sq. ft.
 - 3) Furniture & Installation Costs for every increment of \$ _50,000_ \$_____/sq. ft.
 - d) Lessor Incentives Offered (sum of 1-3 below) Enter total allowance & reduction per rentable sq. ft. \$(____)/sq. ft.
 - 1) Total Premises Build out for every \$_(_____) \$(____)/sq. ft.
 - 2) Moving Costs Allowance for every \$_(_____) \$(____)/sq. ft.
 - 3) Furniture & Installation Costs Allowance \$_(_____) \$(____)/sq. ft.
- Gross Rental Rate (sum of (a), (b), (c), & (d) above) \$_____/sq. ft.

- Notes:**
- 1) The State requires a full-service, gross lease. Gross rental rate - Separately state all components of the Gross Rental Rate including Base Rent, operating expenses, tenant improvement costs and less any Lessor-provided incentives.
 - 2) Tenant Improvements Costs above include Premises Build out costs (including cabling, voice/data), furniture & installation costs & moving costs. Include in the Gross Rental Rate above, the annual per rentable square foot for each increment stated above.

- 3) All lines above must be completed. Place "N/A" for any terms that are not applicable.
- 4) Tenant Improvements amortization – c) minus d) above, represent the net amount of tenant improvements costs to be financed by the Lessor and amortized over the initial term. Please indicate the interest rate to be used for amortization ____% .

III. TERMS AND CONDITIONS:

- | | |
|---|-------------------------|
| A) Length of Initial Lease Term | Ten (10) years |
| B) Annual Escalator, if any (must not apply to Tenant Improvements Amortization) | ____% |
| C) Renewal Options | Two 5-year options |
| D) Renewal Rental Rate – Initial Year (should not include Tenant Improvement Amortization, unless amortization period exceeds initial lease term) | \$____/rentable sq. ft. |
| E) Targeted Tenant Access Date (indicate alternative date if unable to achieve desired date) | September 1, 2017 |
| F) Targeted Lease Occupancy/Rent Commencement Date (indicate alternative date if unable to achieve desired date) | October 1, 2017 |
| G) # of Free Months of Rent Offered, if any (based upon Gross Rental Rate) | _____ |

IV. SUBMITTED BY:

Respondent's Contact Information

Respondent's Agent Contact Information (if different)

Company Name

Agent/Firm Name

Full Address (street and city)

Full Address (street and city)

Telephone Number (Office/Mobile)

Telephone Number (Office/Mobile)

Email Address

Email Address

Contact Name

Contact Name

Signature

Signature